



**south dakota**  
**DEPARTMENT OF EDUCATION**  
Learning. Leadership. Service.

700 Governors Drive  
Pierre, SD 57501-2291

T 605.773.3134  
F 605.773.6139  
www.doe.sd.gov

**VERIFICATION OF TEACHING EXPERIENCE**

**Applicant:** Complete top portion and forward form to the school district.

<b>Name - PLEASE PRINT</b>			
Last	First	MI	Maiden
Address	City	State	Zip
Phone:		Email:	
Social Security #:		Certificate#:	
<b>Location of Employment</b>			
District		Building	
Address:	City	State	ZIP
<b>Date Range of Employment</b>			
From: MM/DD/YY		To: MM/DD/YY	
Date		Applicant Signature	

**SUPERINTENDENT OF SCHOOLS OR APPROPRIATE PERSONNEL OFFICER:**

Please verify by signature that the information stated by the applicant is accurate

<b>Verification</b>			
Signature		Print Name and Title	
<b>Address</b>			
School District	City	State	ZIP
Phone		Date	
Comments:			

*Mail completed form to SD Dept. of Education - original signatures required.*